

EXHIBIT B

Linzy, Shaarille LACRYSTAL

MRN: 11902730

Jason Marc Gallina, MD

Physician

Orthopedics, Spine

Op Notes 

Addendum

Creation Time: 4/8/2021 7:32 AM

Procedure: LAMINECTOMY
SPINE LUMBAR POSTERIOR
SINGLE LEVEL

Case Time: 4/6/2021
5:46 PM

Surgeon: Jason Marc Gallina, MD

OPERATIVE REPORT

PATIENT NAME: **Shaarille LACRYSTAL Linzy**

DATE OF BIRTH: **11/15/1988**

DATE OF SURGERY: **4/6/2021**

PREOPERATIVE DIAGNOSES: 1. L4-L5 LEFT-SIDED FORAMINAL DISK
HERNIATION.

2. LUMBAR RIDICULOPATHY.

POSTOPERATIVE DIAGNOSES: 1. L4-L5 LEFT-SIDED FORAMINAL DISK
HERNIATION.

2. LUMBAR RIDICULOPATHY.

OPERATIONS: 1. POSTERIOR MIDLINE APPROACH TO THE LUMBAR SPINE
FROM L4 TO L5.

2. LEFT SIDED HEMILAMINOTOMY, MEDIAL FACETECTOMY, AND
FORAMINOTOMY AT L4-L5.

3. LEFT SIDED MICRODISKECTOMY AT L4-L5.

4. NEUROLYSIS OF THE L4 AND L5 NERVE ROOTS.

5. USE OF RADIOGRAPHS FOR VERTEBRAL LEVEL LOCALIZATION.

6. PLASTIC SURGERY CLOSURE OF WOUND.

SURGEON: JASON GALLINA, M.D.

ASSISTANT: JEFFREY GOLDSTEIN, M.D.

ASSISTANT: JACOB KATANOV, P.A.

TYPE OF ANESTHESIA: GENERAL.

IV FLUIDS: CRYSTALLOID.

ESTIMATED BLOOD LOSS: 50 CC.

DRAINS: NONE.

CONDITION: STABLE.

FINDINGS: This is a very nice patient who is complaining of radiating leg pain that had failed all nonoperative management. It was mutually decided that surgical intervention was the best option at this point. All risks and benefits of the surgery were explained to the patient and the patient wished to proceed with the surgery.

PROCEDURE:

The patient was taken to the OR, and placed under general anesthesia. The patient was then turned prone onto an Wilson OR table. All bony prominences were well-padded. The lower back was then prepped and draped in a standard fashion. A surgical timeout was done to confirm the appropriate patient, the appropriate procedure, and that the patient received IV antibiotics prior to the beginning of the surgery. A 10-blade scalpel was used to make a vertical longitudinal incision based on needle localization X-rays. Bovie cautery was then used to deepen the incision thru the subcutaneous tissues and fascia down to the spinous processes. A Kocher clamp was applied to a spinous process and a lateral radiograph taken to confirm the vertebral level.

With the level radiographically confirmed, the posterior elements of vertebral bodies from the inferior half of L4 to the superior half of L5 were exposed in subperiosteal fashion, taking great caution to preserve the facet joint capsules and overlying muscle attachments. The retractors were then placed for good self-retaining exposure. The microscope was positioned at this point. The decompression was then begun. A hemilaminotomy was performed with a high speed burr, bone scalpel, and Kerrison rongeurs of various sizes, along with bilateral medial facetectomies and foraminotomies. A disk herniation was encountered when the nerve roots were retracted medially within the left foramine. An annulotomy was made with an 11 blade scalpel. Small pituitary rongeurs as well as ball tip probes were used to completely remove all herniated disk material. A neurolysis of all the nerve roots was done as well.

By the end of the decompression, the pedicles of all lumbar surgical levels were palpable or visible with gentle retraction of the dura. There was no more compression of the nerve roots. Then the entire wound was thoroughly irrigated. All bleeding was closed with bipolar cautery, thrombin-soaked gelfoam, and floseal.

Closure was then commenced. A drain was placed deep to the fascia. The fascia was closed using #1 Vicryl in interrupted fashion. The subcutaneous tissue was closed using #1 Vicryl as well. The dermis was closed using 2-0 Vicryl in interrupted fashion. The skin was closed with subcuticular 3-0 Biosyn running suture. Mastisol and steri-strips were applied. Steril dressing was then applied. All needle and sponge counts were correct.

There were no complications during the surgery. Dr. Gallina was present and scrubbed for the entire case. The patient was revived, extubated, and taken to recovery room in stable condition. Postoperatively, the patient's preoperative symptoms were resolved.

WOUND CLASSIFICATION: Clean.

SPECIMENS: NONE.

COMPLICATIONS: NONE.

Electronically signed by Jason Marc Gallina, MD at 4/8/2021 7:51 AM

Admission (Discharged) on 4/6/2021